

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Headway Workforce Solutions Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 05 / 2022</b>	
Mailing Address 3100 Smoketree Ct. Suite 900		Amount <b>40000.00</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27604</b>	Transaction ID : <b>SE.43318</b>
Purpose of Expenditure Canvassing (Estimate)		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>BUDD, THEODORE P, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		<b>149500.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Headway Workforce Solutions Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 05 / 2022</b>	
Mailing Address 3100 Smoketree Ct. Suite 900		Amount <b>40000.00</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27604</b>	Transaction ID : <b>SE.43319</b>
Purpose of Expenditure Canvassing (Estimate)		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>BEASLEY, CHERI, ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		<b>189500.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>80000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 07 / 2022**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>Headway Workforce Solutions Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 05 / 2022</b>
Mailing Address 3100 Smoketree Ct. Suite 900		Amount <b>3000.00</b>
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27604</b>
Purpose of Expenditure Mileage (Estimate)	Category/ Type <b>004</b>	Transaction ID : <b>SE.43320</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>BUDD, THEODORE P, ,</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>192500.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Headway Workforce Solutions Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 05 / 2022</b>
Mailing Address 3100 Smoketree Ct. Suite 900		Amount <b>3000.00</b>
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27604</b>
Purpose of Expenditure Mileage (Estimate)	Category/ Type <b>004</b>	Transaction ID : <b>SE.43321</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>BEASLEY, CHERI, ,</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>195500.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>6000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	<b>86000.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

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Date

MM / DD / YYYY  
**10 / 07 / 2022**

Signature